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# The Navigator

Waukesha County Veterans' Services

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## FEDERAL, STATE & LOCAL BENEFITS UPDATE

### NEWS UPDATE FOR FEDERAL BENEFITS



### Enhanced VA Mortgage Options Now Available for Veterans Of Potential Benefit to Those in Financial Distress

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON (Oct.24) -- Veterans with conventional home loans now have new options for refinancing to a Department of Veterans Affairs (VA) guaranteed home loan. These new options are available as a result of the Veterans' Benefits Improvement Act of 2008, which the President signed into law on October 10, 2008.

"These changes will allow VA to assist a substantial number of veterans with subprime mortgages refinance into a safer, more affordable, VA guaranteed loan," said Secretary of Veterans Affairs Dr. James B. Peake.

"Veterans in financial distress due to high rate subprime mortgages are potentially the greatest beneficiaries."

VA has never guaranteed subprime loans. However, as a result of the new law VA can now help many more veterans who currently have subprime loans.

The new law makes changes to VA's home loan refinancing program.

Veterans who wish to refinance their subprime or conventional mortgage may now do so for up to 100 percent of the value of the property. These types of loans were previously limited to 90 percent of the value.

Additionally, Congress raised VA's maximum loan amount for these types

of refinancing loans. Previously, these refinancing loans were capped at \$144,000. With the new legislation, such loans may be made up to \$729,750 depending on where the property is located.

Increasing the loan-to-value ratio and raising the maximum loan amount will allow more qualified veterans to refinance through VA, allowing for savings on interest costs or even potentially avoiding foreclosure.

Originally set to expire at the end of this month, VA's authority to guaranty Adjustable Rate Mortgages (ARMs) and Hybrid ARMs was also extended under this new law through September 30, 2012. Unlike conventional ARMs and hybrid ARMs, VA limits interest rate increases on these loans from year to year, as well as over the life of the loans.

Since 1944, when home loan guaranties were offered with the original GI Bill, VA has guaranteed more than 18 million home loans worth over \$911 billion. This year, about 180,000 veterans, active duty servicemembers, and survivors received loans valued at about \$36 billion.

For more information, or to obtain help from a VA Loan Specialist, veterans may call VA at 1-877-827-3702 or visit <http://www.homeloans.va.gov>.

## COMMENTARY CORNER By: John L. Margowski, Director

The elections are over. We now have a new Administration and new control of Congress. We have also had a shift of control in the Wisconsin Legislature. Veterans groups now need to reestablish their contacts with legislators to enable these groups to continue to promote veterans issues effectively.

Any legislation that was not passed, and still tied up in committee will die in committee and have to be re-introduced in the next legislative year.

The COLA for VA pension and compensation will be 5.8% for the upcoming year.

There is an article in this newsletter from the U.S. Dept. of Veterans Affairs that discusses the availability of on-line claims processing. I ran the article to make sure that the Waukesha County Veterans Community was informed.

However, words of caution. I do not encourage anyone to file their claim directly with the Veterans Administration (VA). I encourage everyone to utilize either a County Veterans Service Office or an Accredited Service Office from one of the veteran's organization who staff a claims office at the Veterans Administration Regional Office in Milwaukee.

Working with a service officer enables a veteran to obtain guidance, advice and assistance with the filing of their claim. It is important to properly develop the

claim, obtain all necessary evidence and medical evidence to support the claim. The claims process is very involved and a somewhat technical legal process. It is much more than just filling out forms. Meeting with a service officer ensures that the claim will be properly developed, all evidence gathered and the claim submitted ready for necessary exams to be conducted and the claim rated.

I would like to provide an update on Hass v Nicholson which is the "Blue Water Navy" case in which Mr. Haas who served in the U.S. Navy during Vietnam received the Vietnam Service Medal and filed a claim for service connection for one of the conditions on the Agent Orange Presumptive Condition list. The VA denied his claim because he did not set foot in Vietnam. In response to his and other "Blue Water Navy" claims being denied, the National Veteran Legal Services Program (NVLSP) agreed to help some of the veterans by appealing their cases to the U.S. Court of Appeals for veterans' claims. Mr. Haas' case was one of these.

On August 7, 2006, the panel of the Veterans Court unanimously invalidated the VA's 2002 set-foot-on-land requirement. The court ruled that service on a ship in the waters off-shore Vietnam qualifies as service in the Republic of Vietnam. As a result, the court reversed the Board of Veterans Appeals decision denying benefits, and ordered the VA to award Mr. Haas disability benefits for diabetes and its residuals.

Several weeks later, the VA appealed the Veterans Court's decision of the U.S. Court of Appeals for the Federal Circuit. The VA also took steps last fall to make sure, no Blue Water Navy veteran would receive any VA benefits while the VA's appeal remained pending before the court. NVLSP filed a lawsuit through the Veterans

Court on behalf of the American Legion and another veteran whose claim was pending before the Board of Veterans Appeals to stop the action denying benefits while Haas was on appeal. On January 9, 2007, the Veterans Court granted this request. However, the court also gave the VA a second chance. If the Secretary filed a request with the Veterans Court to grant the moratorium, the Court would then consider if the moratorium in VA decision-making was appropriate. The Secretary did make the request on April 13, 2007 and the Veterans Court granted the VA's request for a moratorium on Regional Office and BVA decision making on all Blue Water Navy veterans claims.

While Haas was pending before the Federal Circuit, on May 8, 2008 the Federal Circuit issued a decision reversing the Veterans Courts decision on Haas. In June 30, 2008 the American Legion, Military Order of the Purple Heart and the United Spinal Association filed a brief in support of Commander Haas' petition for a rehearing. The Federal Circuit denied the petition for rehearing. On Oct 17, 2008 NVLSP filed a petition for a writ in the U.S. Supreme Court asking the Court to overturn the Federal Circuits decision on Hass. The VA's response to the petition is due November 21, 2008.

At the writing of this issue of the "Navigator", the Wisconsin Department of Veterans Affairs (WDVA) and other state agencies budgets are not complete. I will point out any significant changes contained in the new budget in a future issue.

I have also referred a couple of web sites in this issue to assist veterans with being able to follow the legislative process, locate their legislators, the Capitol calendars etc. to enable veterans to be more informed in the political arena.



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***If you have any questions or comments about the contents of the newsletter, please contact Waukesha County Veterans' Service Office at 262-548-7732.***

## VA Announces Changes to the Disability Rating Schedule for Traumatic Brain Injuries and Burn Scars

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON – The Department of Veterans Affairs (VA) today announced changes in the way VA will evaluate traumatic brain injuries (TBI) and burn scars for purposes of determining the appropriate level of compensation veterans receive for these injuries.

“These important regulatory changes will allow VA decision makers to better assess the consequences of these injuries and ensure veterans are properly compensated for their residual effects,” stated Secretary of Veterans Affairs Dr. James B. Peake.

VA has revised the Disability Rating Schedule in light of current scientific and medical knowledge in order to provide VA employees with more detailed and up-to-date criteria for evaluating and compensating veterans with these injuries.

Two groups of veterans may be affected by these changes. The first group includes veterans who will be awarded disability compensation for TBI and burn injuries in the future. The second group includes veterans already receiving com-

pensation for these injuries whose disabilities are reevaluated under the new criteria.

The effects of blast injuries resulting from roadside explosions of improvised explosive devices have been common sources of injury in the conflicts in Iraq and Afghanistan and appear to be somewhat different from the effects of trauma seen from other sources of injury.

As of September 2008, there are more than 22,000 veterans being compensated for TBI, of whom more than 5,800 are veterans of the conflicts in Iraq and Afghanistan.

Traumatic brain injuries result in immediate effects such as loss or alteration of consciousness, amnesia and sometimes neurological impairments. These abnormalities may all be transient, but more prolonged or even permanent problems with a wide range of impairment in such areas as physical, mental, and emotional/behavioral functioning may occur.

More than 90 percent of combat-related TBIs are closed head injuries, with most servicemembers sustaining a mild TBI or concussion. Difficulties

## VA Awards \$1.3 Million for Wisconsin State Veterans Cemetery - Union Grove, WI

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON -- Continuing its mission of providing a final resting place for Wisconsin veterans, the Department of Veterans Affairs (VA) has announced a \$1.3 million grant to increase the capacity of the Southern Wisconsin Veterans Memorial Cemetery in Union Grove.

“This grant will ensure that burial of cremated remains is an option for Wisconsin’s veterans,” said Dr. James B. Peake, Secretary of Veterans Affairs. “We are proud to partner with the Wisconsin Department of Veterans Affairs to provide memorial services.”

The grant will fund a second 1,792-niche columbarium for cremated remains and infrastructure such as landscaping and irrigation.

VA’s State Cemetery Grants Program complements VA’s 125 national cemeteries across the country. The

program helps states establish new state veterans cemeteries and expand or improve existing cemeteries. To date, the VA program has helped establish 72 state veterans cemeteries in 38 states and U.S. territories that provided more than 23,000 burials in fiscal year 2007. Since the program began in 1980, VA has awarded 172 grants totaling \$344 million.

Information on VA burial benefits can be obtained from national cemetery offices, from the VA Web site on the Internet at <http://www.cem.va.gov> or by calling VA regional offices toll-free at 1-800-827-1000.

Information about Wisconsin’s state veterans cemeteries is available by calling the Wisconsin Department of Veterans Affairs at (800) 947-8387 or on the Internet at [www://dva.state.wi.us/Cemeteries.asp](http://www.dva.state.wi.us/Cemeteries.asp).



## VA Vet Centers Coming to 39 Communities

### Peake: Provide Counseling for All Combat Veterans

The following information is from WDVA Media Relations <http://www.va.gov/opa/pressrel/>

WASHINGTON (July 9, 2008) - Combat veterans will receive readjustment counseling and other assistance in 39 additional communities across the country where the Department of Veterans Affairs (VA) will develop Vet Centers by fall 2009.

"Community-based Vet Centers -- already in all 50 states -- are a key component of VA's mental health program," said Dr. James B. Peake, Secretary of Veterans Affairs. "I'm pleased we can expand access to bring services closer to even more veterans, including screening and counseling for post-traumatic stress disorder."

The existing 232 centers conduct community outreach to offer counseling on employment, family issues and education to combat veterans and family members, as well as bereavement counseling for families of service members killed on active duty and counseling for veterans who were sexually harassed on active duty.

Vet Center services are available at no cost to veterans who experienced combat during any war era. They are staffed by small teams of counselors, outreach workers and other specialists, many of whom are combat veterans. The Vet Center program was established in 1979 by Congress, recognizing that many Vietnam veterans were still having readjustment problems.

The centers have hired 100 combat veterans who served in Iraq and Afghanistan as outreach specialists, often placing them near military processing stations, to brief servicemen and women leaving the military about VA benefits.

VA's 2009 budget proposal seeks \$20 million more than this year's budget for Vet Centers, to include operating and leasing space for the new centers. Eighteen of the counties that will have new centers already have one or more; the other 21 do not.

A list of the new Vet Center locations is listed below..

#### Communities Receiving New VA Vet Centers

Alabama - Madison  
 Arizona - Maricopa  
 California - Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego  
 Connecticut - Fairfield  
 Florida - Broward, Palm Beach, Pasco, Pinellas, Polk, Volusia  
 Georgia - Cobb  
 Illinois - Cook, DuPage  
 Maryland - Anne Arundel, Baltimore, Prince George's  
 Michigan - Macomb, Oakland  
 Minnesota - Hennepin  
 Missouri - Greene  
 North Carolina - Onslow  
 New Jersey - Ocean  
 Nevada - Clark  
 Oklahoma - Comanche  
 Pennsylvania - Bucks, Montgomery  
 Texas - Bexar, Dallas, Harris, Tarrant  
 Virginia - Virginia Beach  
 Washington - King  
 Wisconsin -- Brown

## URGENT—Large Number of Vietnam Veterans are Likely to Lose Eligibility for VA Health Care



Attention all Veterans. It appears that we may be in danger of losing a very important federal benefit, one that will impact a large number of veterans in a very negative way. A large number of Vietnam veterans are likely to lose their eligibility for VA health care, and this is a call to arms to prevent that from happening. We need your help.

Vietnam veterans as a population have been "guaranteed" enrollment to VA health care for some time now based on their presumed exposure to Agent Orange. The VA healthcare system has eight different priority levels of veteran populations,

with all but Priority Group 8 currently eligible for enrollment. At the present time, Vietnam veterans are automatically considered Priority Group 6 veterans, and can be enrolled into the system regardless of their disability status or financial condition. This is based on authority given the VA which, unfortunately, expired in December 2002. While VA has seen fit to continue the enrollments regardless of the expiration, there are

(Continued on page 5 - URGENT)



## VA Secretary Establishes ALS as a Presumptive Compensable Illness Cites Association between Military Service and Later Development of ALS

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON (Sept. 23, 2008) - Veterans with amyotrophic lateral sclerosis (ALS) may receive badly-needed support for themselves and their families after the Department of Veterans Affairs (VA) announced today that ALS will become a presumptively compensable illness for all veterans with 90 days or more of continuously active service in the military.

"Veterans are developing ALS in rates higher than the general population, and it was appropriate to take action," Secretary of Veterans Affairs Dr. James B. Peake said.

Secretary Peake based his decision primarily on a November 2006 report by the National Academy of Sciences' Institute of Medicine (IOM) on the association between active-duty service and ALS.

"We are extremely grateful to Secretary Peake, Congressman Henry Brown and Senator Lindsey Graham for standing on the side of veterans with ALS across the country," said Gary Leo, president and CEO of The ALS Association. "Thanks to their leadership, veterans with ALS will receive the benefits and care they need, when they need them. Thanks to their efforts, no veteran with ALS will ever be left behind."

The report, titled Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature, analyzed numerous previous studies on the issue and concluded that "there is limited and suggestive evidence of an association between military service and later development of ALS."

"ALS is a disease that progresses rapidly, once it is diagnosed," the Secretary explained. "There simply isn't time to develop the evidence needed to support compensation claims before many veterans become seriously ill. My

decision will make those claims much easier to process, and for them and their families to receive the compensation they have earned through their service to our nation."

ALS, also called Lou Gehrig's disease, is a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnicities in the United States, is often relentlessly progressive, and is almost always fatal.

ALS causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the cause of ALS is unknown, and there is no effective treatment.

The new interim final regulation applies to all applications for benefits received by VA on or after September 23, 2008, or that are pending before VA, the United States Court of Appeals for Veterans Claims, or the United States Court of Appeals for the Federal Circuit on that date.

VA will work to identify and contact veterans with ALS, including those whose claims for ALS were previously denied, through direct mailings and other outreach programs.

To view the entire regulation published in the Federal Register today, go to: [www.federalregister.gov/OFRUpload/OFRData/2008-21998\\_PL.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2008-21998_PL.pdf). For more information on VA's disability compensation program, go to [www.va.gov](http://www.va.gov) or contact 1-800-827-1000.

### ***(URGENT—Continued from page 4)***

administrative efforts within VA to discontinue treatment under this authority, and that looks likely to happen in the near future. The only way this can be prevented is to provide VA with new legal authority.

We need to do two things. First, we need to get the word out to all Vietnam veterans that this is happening, and that if they are not yet enrolled in VA healthcare, they need to be, and quick. The window of opportunity is closing, and we need to get as many enrolled as possible before it shuts. There will be no advance warning by VA. Based on past

practices, veterans already within the VA health care system will be "grandfathered" and not dropped. Vietnam veterans not yet enrolled in the VA medical system should contact their County Veterans Service Office immediately for assistance, or go to the nearest VA medical facility with your DD-214 in hand for on-site enrollment. Secondly, we need all veterans, not just Vietnam veterans, to contact their political representatives to ask their assistance in resolving this issue. It can only be corrected politically, and if enough veterans get involved, that will happen. Please contact your local Veterans Service Office for more details.

## Suicide Prevention: Suicide Prevention is Everyone's Business, and VA is Enhancing its Efforts in this Vital Area of Veteran Health.

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

**Know the Signs**—Watch for these key suicide warning signs, and provide the Lifeline number to anyone exhibiting them.

- ◆ Talking about wanting to hurt or kill oneself
- ◆ Trying to get pills, guns, or other ways to harm oneself
- ◆ Talking or writing about death, dying or suicide
- ◆ Hopelessness
- ◆ Rage, uncontrolled anger, seeking revenge
- ◆ Acting in a reckless or risky way
- ◆ Feeling trapped, like there is no way out
- ◆ Saying or feeling there's no reason for living.

### Outreach



During National Suicide Prevention Week September 7-13, 2008 VA released a nationwide [Public Service Announcement](#) featuring actor [Gary Sinise](#), who portrayed a suicidal veteran that is saved in the movie *Forrest Gump*. Another announcement featuring newswoman Deborah Norville is being developed to reach the family members of veterans.

VA Under Secretary for Health Dr. Michael J. Kussman sent a personalized [letter to all veterans](#), asking them to call VA for help if they are undergoing an emotional crisis.

◆ VA will also expand on a recently released pilot project for a display advertising campaign that debuted in the metropolitan Washington, D.C., area. The ads are designed to make veterans and their family members aware of the VA Suicide Prevention Lifeline (1-800-273-TALK/8255), which is available around-the-clock, seven days a week.



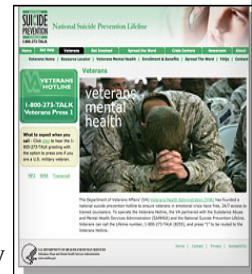
◆ VA has sponsored two Suicide Prevention Days and placed announcements about suicide prevention and the VA Lifeline on the main VA website as well as on the web pages of medical facilities.

◆ VA also has been distributing brochures, wallet cards, bumper magnets, key chains and stress balls to veterans, their families and VA employees to promote awareness of the Lifeline number and educate its employees, the community and veterans about how to identify and help those who may be at risk.

## Toll-Free Suicide Prevention Lifeline

An around-the-clock  
[Suicide Prevention Lifeline](#)

**1-800-273-TALK**—is staffed by trained professionals 24 hours a day to help in an immediate crisis. After one year of operation, 62,000 veterans, family members, and friends of veterans have called the Lifeline. Of those there have been 1,400 rescues to prevent possible tragedies.



*This link leads outside the VA website. VA is not responsible for external content.*

### Current VA Initiatives

- ◆ Each VA Medical Center has a suicide prevention coordinator to make sure veterans receive needed counseling and services. Calls from the Lifeline are referred to those coordinators.
- ◆ VA has hired more than 3,900 new mental health employees since 2005 – bringing our total number to more than 17,000. Of these, 400 are devoted to preventing suicide among veterans.
- ◆ VA is adding 61 new [Vet Centers](#) (bringing the total number of Vet Centers to 268) throughout the nation to provide more individual, group and family counseling to veterans of all wars by the end of fiscal year 2009.
- ◆ VA educates veterans and family members, and trains employees about suicide risk factors and warning signs of suicide.
- ◆ All new patients at VA centers and all new veterans from [Operation Enduring Freedom/Operation Iraqi Freedom](#) are screened to determine if they are at risk for suicide. Veterans currently in mental health and substance abuse programs who miss appointments are contacted to make sure they are not lost or in need of follow up care.
- ◆ VA has opened a Mental Health Center of Excellence in Canandaigua, NY, which focuses on developing and testing clinical and public health intervention standards for suicide prevention.
- ◆ A new VA Research center in Denver focuses on the clinical and neurobiological conditions that can lead to increased suicide risk.

## VA Suicide Prevention Panel Completes Draft Report Group Lauds VA's Comprehensive Strategy

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON (Sept. 9, 2008) – A blue-ribbon panel has praised the Department of Veterans Affairs (VA) for its “comprehensive strategy” in suicide prevention that includes a “number of initiatives and innovations that hold great promise for preventing suicide attempts and completions.”

Among the initiatives and innovations the group studied were VA's Suicide Prevention Lifeline – 1-800-273-TALK. The lifeline is staffed by trained professionals 24 hours a day to deal with any immediate crisis that may be taking place. Nearly 33,000 veterans, family members or friends of veterans have called the lifeline in the year that it has been operating. Of those, there have been more than 1,600 rescues to prevent possible tragedy.

Other initiatives noted included the hiring of suicide prevention coordinators at each of VA's 153 medical facilities, the establishment of a Mental Health Center of Excellence in Canandaigua, N.Y., focusing on developing and testing clinical and public health intervention standards for suicide prevention, the creation of an additional research center on suicide prevention in Denver, which focuses on research in the clinical and neurobiological conditions that can lead to increased suicide risk and a plus-up in staff making more than 400 mental health professionals entirely dedicated to suicide prevention.

With the praise, the panel also recommended a mixture of more research, greater cooperation among federal agencies, and more education for health care workers and community leaders to further strengthen and share VA's ability to help veterans and their families.

“Every human life is precious, none more than the men and women who serve this nation in the military,” said Secretary of Veterans Affairs Dr. James B. Peake. “The report of this blue-ribbon panel, and other efforts underway, will ensure VA mobilizes its full resources to care for our most vulnerable veterans.”

Called the “Blue Ribbon Work Group on Suicide Prevention,” the five-member group was composed of suicide prevention experts from VA, the Department of Defense, the Centers for Disease Control and Prevention, the National Institute of Health, and the Substance Abuse and Mental Health Services Administration. The group was created by Peake and met June 11-13, 2008.

Among the panel's recommendations to further enhance VA's outstanding programs, many of which VA has already begun to implement, are:

- ◆ Design a study that will identify suicide risk among

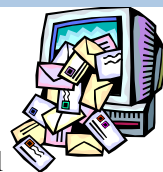
veterans of different conflicts, ages, genders, military branches and other factors. VA has committed to work with other federal agencies to design such a study within 30 days.

- ◆ Improve VA's screening for suicide among veterans with depression or post-traumatic stress disorder (PTSD). VA is in the process of designing a new screening protocol, with pilot test undertaken during the fiscal year quarter beginning Oct. 1, 2008.
- ◆ Ensure that evidence-based research is used to determine the appropriateness of medications for depression, PTSD and suicidal behavior. VA's is providing written warnings to patients about side effects, and the Department's suicide prevention coordinators are contacting health care providers to advise them of the latest evidence-based research on medications.
- ◆ Devise a policy for protecting the confidential records of VA patients who may also be treated by the military's health care system. VA is already developing a plan to clarify the privacy rights of patients who come to VA while serving in the military.
- ◆ Increase research about suicide prevention. VA has announced several funding opportunities this year for research on suicide prevention and is developing priorities for suicide prevention research.
- ◆ Develop educational materials about suicide prevention for families and community groups. VA is examining the effectiveness of support groups and educational material for the families of suicidal veterans, and producing a brochure for the families of veterans with traumatic brain injury about suicide, which will be available within 30 days.
- ◆ Increase training for VA chaplains about the warning signs of suicide. VA offices responsible for chaplains and mental health professionals are studying ways to implement this recommendation, with a report due by Nov. 1.
- ◆ Develop a gun-safety program for veterans with children in the home, both as a child-safety measure and a suicide prevention effort. A VA directive establishing the program is being developed, with full implementation expected during the fiscal year beginning Oct. 1, 2008.

VA is the nation's largest provider of mental health care. More than 17,000 mental health professionals, including dedicated suicide prevention coordinators in each of VA's 153 medical centers, are available to care for veterans. The Department's mental health program this year is funded at more than \$3 billion.

## VA Announces On-Line Claims Applications

The following information was found on the internet <http://www.va.gov/opa/pressrel/>



WASHINGTON (July 16, 2008) - The Department of Veterans Affairs (VA) announced today that on-line applications are now accepted from veterans, survivors and other claimants filing initial applications for disability compensation, pension, education, and vocational rehabilitation and employment benefits without the additional requirement to submit a signed paper copy of the application.

Effective immediately, VA will now process applications received through its on-line application website (VONAPP) without the claimant's signature. The electronic application will be sufficient authentication of the claimant's application for benefits. Normal development procedures and rules of evidence will still apply to all VONAPP applications.

VONAPP ([www.va.gov/onlineapps.htm](http://www.va.gov/onlineapps.htm)) is a Web-based system that benefits both internal and external users. Veterans, survivors and other

claimants seeking compensation, pension, education, or vocational rehabilitation benefits can apply electronically without the constraints of location, postage cost, and time delays in mail delivery.

VONAPP reduces the number of incomplete applications received by VA, decreasing the need for additional development by VA claims processors. The on-line application also provides a link to apply for VA health care benefits and much more.

Over 3.7 million veterans and beneficiaries receive compensation and pension benefits from VA and approximately 523,000 students receive education benefits. Approximately 90,000 disabled veterans participate in VA's Vocational Rehabilitation and Employment program.

For more information about VA benefits, go to VA's website at <http://www.va.gov/> or call our toll-free number at 1-800-827-1000.

## Summit Brings Renewed VA Drive for Women Veterans *Peake: Reinventing to be "Women-Centric"*

The following information was found on the internet <http://www.va.gov/opa/pressrel/>



WASHINGTON (July 11, 2008) - An aggressive push to ensure women veterans receive the highest quality of care in VA medical facilities was pledged by Secretary of Veterans Affairs Dr. James B. Peake at a recent VA National Summit on Women Veterans' Issues.

Although VA already has services for women patients equal to those men receive, Peake told the audience of more than 400 women-veteran advocates, "We are reinventing ourselves by expanding our women-centric focus to initiate new programs that meet the needs of women veterans."

Citing the demographic shift that brings increasing numbers of women to VA for care and the need for changes, Peake announced formation of a work group to focus on women's needs in prosthetics and rehabilitation, hiring women's advocates in VA medical centers, developing quality measurements specifically for women patients, purchasing more state-of-the-art, specialized women's health care equipment, and expanding

medical education in women's health for VA care providers.

Summit attendees also learned that VA recently established a work group whose goal is to ensure every female veteran enrolled in VA care has a women's health primary care provider, especially to meet gender-specific needs.

The June 20-22 conference in Washington focused on how to ensure VA meets women-specific health needs and how to inform more women veterans of their VA benefits. It was the fourth women's summit, which VA holds every four years.

Summit co-sponsors included the American Legion Auxiliary, AMVETS, Disabled American Veterans and Veterans of Foreign Wars. Other assisting veterans groups included the Blinded Veterans Association, Military Officers Association of America, Paralyzed Veterans of America, the American Legion, Vietnam Veterans of America and TriWest.



## DoD Revises Purple Heart Eligibility Criteria to Allow Award to POW's who Die in Captivity

The following information was found on the internet <http://www.va.opa/pressrel/>

The Department of Defense announced today it has expanded the Purple Heart eligibility criteria allowing prisoners-of-war who died in captivity to receive the award.

The revised department policy presumes, for service members who die in captivity as a qualifying prisoner-of-war, that their death was the "result of enemy action," or the result of wounds incurred "in action with the enemy" during capture, or as a result of wounds incurred as a "result of enemy action" during capture, unless compelling evidence is presented to the contrary.

The revised policy allows retroactive award of the Purple Heart to qualifying prisoners-of-war since Dec. 7, 1941. Posthumous award will be made to the deceased service member's representative, as

designated by the secretary of the military department concerned, upon application to that military department.

Each military department will publish application procedures and ensure they are accessible by the general public. Family members with questions may contact the services: Army: Military Awards Branch, (703) 325-8700; Navy: Navy Personnel Command, Retired Records Section, (314) 592-1150; Air Force: Air Force Personnel Center, (800) 616-3775; Marine Corps: Military Awards Branch, (703) 784-9340. For further information, media representatives should contact Eileen Lainez, (703) 695-3895, [eileen.lainez@osd.mil](mailto:eileen.lainez@osd.mil).



## VA, Monster Partner for Veterans Job Seekers Veteran-Owned Businesses Listed

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON (July 22, 2008) - In a new plan to help veterans find jobs, the Department of Veterans Affairs (VA) has partnered with Monster Government Solutions, a division of Monster Worldwide, Inc., a company that markets online employment services to employers and job seekers.

Part of VA's mission is to assist veterans to gain employment. Monster, in partnership with VA's Center for Veterans Enterprise, provides veteran-owned small businesses the opportunity to post job openings for veterans, including service-disabled veterans, at a large price discount. Monster will post the job openings for 60 days, twice as long as for other employers.

"This government-corporate partnership represents the best kind of effort to help those who gave up time in their lives to serve their country

and return to an economic community that may not recognize their skills," said Secretary of Veterans Affairs Dr. James B. Peake. "The program should make it easier for employers to find qualified job candidates as well as veteran suppliers and service contractors."

To participate in Monster job listings, veteran business owners must be listed in VA's online Vendor Information Pages (VIP) maintained by the Department's Center for Veterans Enterprise at <http://www.VetBiz.gov>.

In addition to helping veteran owners get business from other companies and prospective veteran employees find jobs, VA's VIP pages will give Monster a source for purchasing services itself and VA will refer appropriate, listed suppliers to Monster.

The VA-Monster agreement is initially for two years and provides for extensions.



## In Memory...

## DoD Contract for Free YMCA Membership for Deployed Guard and Reserve Families

The following information was found on the internet <http://www.va.gov/opa/pressrel/>



The Department of Defense announced October 1 that families of deployed members of the National Guard and Reserve, active duty service members on independent duty and their families, and active duty service members and their families assigned to selected bases would be eligible for free family memberships at participating YMCAs in their local community.

The new program, which is effective immediately, was unveiled in a signing ceremony presided by Under Secretary of Defense for Personnel and Readiness David S.C. Chu. Also signing the document was Assistant Secretary of Defense for Reserve Affairs Thomas F. Hall and the Executive Director of the Armed Services YMCA, retired Navy Rear Adm. Frank Gallo.

"We know these programs are key to personal health and well-being, help build strong families, and reduce stress and feelings of isolation," Chu said. "I am extremely pleased to announce our new partnership."

The free YMCA memberships for Guard and Reserve families will be available while the service member is deployed for a minimum of six months. The deploying service member will also be eligible for three months pre- and post-deployment membership to help promote family participation.

Active duty families assigned to independent duty stations, such as recruiting and ROTC assignments and not currently receiving support from the service component will also be eligible for free memberships at participating YMCAs. Single service members are eligible for fitness center memberships up to \$50 a month.

Active duty families at selected bases will also be eligible for free YMCA memberships as part of a pilot program. Memberships will be issued on a first come, first served basis with 300 to 450 family memberships available per joint base location.

The selected bases are: Lackland Air Force Base/Randolph AFB/Ft. Sam Houston, Texas; Langley AFB, Va.; McCord Air Force Base/Ft. Lewis, Wash.; Ft. Carson, Colo.; Pearl Harbor/Hickam

AFB, Hawaii; Naval Weapons Station, Charleston S.C.; McGuire AFB/Ft. Dix/ Lakehurst Naval Air Engineering Station, N.J.; Anacostia Naval Air Station /Bolling AFB, Washington, D.C.; Ft. Myer/Henderson Hall, Va.; Elmendorf AFB/Ft. Richardson, Alaska; and Andrews AFB/Naval Air Facility D.C., Md.

Additionally, 32 hours a month of free respite child care will be available for families of deployed National Guard and Reserve and geographically dispersed active duty service members in 10 states with YMCA child care programs preapproved by DoD.

Respite Child Care is currently available at participating YMCAs in the following ten states: Indiana, Maryland, Montana, North Carolina, New York, Ohio, Pennsylvania, Tennessee, Virginia and Washington. DoD is working with the Armed Services YMCA on ways to expand the number of YMCA child care programs eligible to offer respite care in order to meet this critical need.

Participating YMCAs have agreed to cap their monthly fees and waive all joining fees so there is no cost for service members and their families for membership. Some classes may have fees associated with them and if so, the service member will be responsible for those costs.

Since the Civil War, the Armed Services YMCA has been committed to supporting our troops and improving their quality of life," said Gallo. "This new initiative will go a long way to help America's military families live healthy lives."

Signing up for the program requires a YMCA/DoD eligibility form, a copy of deployment orders and military ID. The YMCA/DoD eligibility form is available at <http://www.militaryonesource.com/> A completed eligibility form, a copy of deployment orders (where applicable) and the military ID are all that are needed for the local YMCA to process memberships.

U.S. Department of Defense  
Office of the Assistant Secretary of Defense  
(Public Affairs)

## Executive Order: To Authorize Certain Noncompetitive Appointments in the Civil Service for Spouses of Certain Members of the Armed Forces

The following information was found on the internet <http://www.whitehouse.gov/news/releases/2008/09/>



By the authority vested in me as President by the Constitution and the laws of the United States of America, including sections 3301 and 3302 of title 5, United States Code, it is hereby ordered as follows:

**Section 1. Policy.** It shall be the policy of the United States to provide for the appropriately expedited recruitment and selection of spouses of members of the Armed Forces for appointment to positions in the competitive service of the Federal civil service as part of the effort of the United States to recruit and retain in military service, skilled and experienced members of the Armed Forces and to recognize and honor the service of such members injured, disabled, or killed in connection with their service.

**Sec. 2. Definitions.** As used in this order:

(a) the term "agency" has the meaning specified for the term "executive agency" in section 105 of title 5, United States Code, but does not include the Government Accountability Office;

(b) the term "Armed Forces" has the meaning specified for that term in section 101 of title 10, United States Code;

(c) the term "active duty" means full-time duty in an armed force and includes full-time National Guard duty, except that, for Reserve Component members, the term "active duty" does not include training duties or attendance at service schools.

(d) the term "permanent change of station" means the assignment, detail, or transfer of a member of the Armed Forces serving at a present permanent duty station to a different permanent duty station under a competent authorization or order that does not:

(i) specify the duty as temporary;

(ii) provide for assignment, detail, or transfer, after that different permanent duty station, to a further different permanent duty station; or

(iii) direct return to the present permanent duty station; and

(e) the term "totally disabled retired or separated member" means a member of the Armed Forces who:

(i) retired under chapter 61 of title 10, United States

Code, with a disability rating at the time of retirement of 100 per cent; or

(ii) retired or separated from the Armed Forces and has a disability rating of 100 percent from the Department of Veterans Affairs.

**Sec. 3. Noncompetitive Appointment Authority.** Consistent with the policy set forth in section 1 of this order and such regulations as the Director of the Office of Personnel Management may prescribe, the head of an agency may make a noncompetitive appointment to any position in the competitive service, for which the individual is qualified, of an individual who is:

(a) the spouse of a member of the Armed Forces who, as determined by the Secretary of Defense, is performing active duty pursuant to orders that authorize a permanent change of station move, if such spouse relocates to the member's new permanent duty station;

(b) the spouse of a totally disabled retired or separated member of the Armed Forces; or

(c) the unremarried widow or widower of a member of the Armed Forces killed while performing active duty.

**Sec. 4. Administrative Provisions.** The heads of agencies shall employ, as appropriate, appointment authority available to them, in addition to the authority granted by section 3 of this order, to carry out the policy set forth in section 1.

**Sec. 5. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) authority granted by law to a department or agency or the head thereof; and

(ii) functions of the Director of the Office of Management and Budget relating to budget, administrative, or legislative functions.

(b) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its agencies, instrumentalities, or entities, its officers, employees, or agents, or any other person.

GEORGE W. BUSH

THE WHITE HOUSE,

September 25, 2008.

## Newly Enacted Laws Expands Veterans Health Care Benefits

NEWS FROM...CHAIRMAN BOB FILNER  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
FOR IMMEDIATE RELEASE: October 14, 2008  
Contact Kristal DeKleer at (202) 225-9756 or  
<http://veterans.house.gov>

Filner Victorious in Fight for Expansion of Veterans' Health Care and Benefits

New Laws Help Veterans Prevent Foreclosure, Access Needed Health Care and Earned Benefits

Washington, D.C. – On Friday, October 10, 2008, Bob Filner (D-CA), Chairman of the Committee on Veterans' Affairs, announced that two bills, S. 2162 and S. 3023, have been signed into law. S. 2162 is a comprehensive measure to expand treatment for mental health care, provide counseling for family members of veterans, and address the needs of rural veterans. S. 3023 provides essential reforms to bring the claims processing system up-to-date for more accurate and timely delivery of benefits while expanding the benefits provided.

Chairman Filner provided the following statement on the enactment of this sweeping legislation to better care for our service members and veterans: "Over the course of the 110th Congress, we have learned much about the needs of our Nation's veterans and these new laws go a long way to address them. When I became Chairman of the Committee on Veterans' Affairs, the VA was strained to its breaking point and we set an aggressive agenda to fix that. We passed historic increases to the VA budget and provided the resources to better address the health care needs of our veterans and wounded warriors. Our aggressive agenda culminated in the enactment of comprehensive legislation to improve health care and benefits for our veterans.

"The Veterans' Mental Health and Other Care Improvements Act of 2008 expands mental health services, increases research through the National Center for Post-Traumatic Stress Disorder and provides much needed counseling for families of veterans. This new law also mandates a program to help rural veterans get the health care they need closer to home.

"There are hundreds of thousands of new veterans returning from Iraq and Afghanistan. More than 40% of our veterans of Operation Enduring Freedom and Iraqi Freedom are entering the VA health care system. Of these veterans, 41% are seeking mental health care. It is simply our duty as a Nation, when we put our men and women in harm's way, to care for them when they return.

"The Veterans' Benefits Improvement Act of 2008 provides essential reforms to bring the claims processing system up-to-date for more accurate and timely delivery of benefits to veterans, families, and survivors. We passed a pilot pro-



gram to dramatically alter the way claims are processed for veterans. Fully-developed claims certified by a Veterans Service Officer are eligible for expedited processing allowing veterans to receive their benefit more expeditiously.

"The backlog of claims at the VA totals more than 600,000 and this is a national disgrace! Our men and women should not get first-class weapons to fight only to come home and receive third-class benefits. This bill takes a major step to ensure that the benefits provided to our veterans are first-rate and uncompromised.

"The Veterans' Benefits Improvement Act of 2008 adds job protections for returning veterans, increases the opportunity for injured veterans to participate in independent living programs, allows deploying service members to terminate or suspend cell phone contracts without penalty, and provides additional support to veteran-owned small business when contracting with the government. The Veterans' Benefits Improvement Act of 2008 also provides grants to allow severely injured veterans and service members participate in the United States Olympic Paralympics program.

"This new law will make home loans more accessible to veterans by easing restrictions on the VA home loan guaranty program and increasing loan amounts for purchase and refinancing. The bill eliminates the equity requirements for refinancing in response to the declining home values which prohibit many veterans from qualifying for the benefit. The bill also reduces the VA guaranteed home loan funding fees to one percent and eliminates the funding fees for veterans seeking to refinance a home loan.

"For many of our returning service members and veterans, the stress of deployment is still prevalent when they return home. Congress provided these heroes with not only the necessary time to readjust, but also ensured they have the opportunity to do this in the comfort and security of their own home."

The following bills were signed into law:

S. 2162 – The Veterans' Mental Health and Other Care Improvements Act of 2008

Provisions of the bill include (but are not limited to):

Expanding treatment for substance use disorders and mental health care;

Conducting research into co-morbid PTSD and substance use disorders through the National Center for Post-Traumatic Stress Disorder;

*(Continued on page 13 - UPDATE)*



## VA Announces "In House" Option to Implement IT Aspects of New GI Bill

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON (Oct. 10, 2008) -- The Department of Veterans Affairs (VA) announced today that it will rely upon its own workforce to set up the information technology programs needed to implement the educational benefits of the new Post-9/11 GI Bill.

The Department's announcement came after VA officials did not receive enough proposals from qualified private-sector contractors to create an information technology program that implements the new benefit. At no time did VA consider contracting out responsibility for actually administering this educational assistance.

"Many private contractors were apparently reluctant to offer proposals because of external misconceptions as to the scope of the work involved.

While it is unfortunate that we will not have the technical expertise from the private sector available to assist us in

developing the information technology solution, the VA can and will deliver the benefits program on time," said Secretary of Veterans Affairs Dr. James B. Peake.

"The Post-9/11 GI Bill is unusually complex, with payments being tailored to tuition costs and going to both students and educational institutions," said Patrick W. Dunne, the Under Secretary for Benefits. "Some benefits are determined by a school's zip code, and others by in-state rates for tuition."

Dunne said the Department would have been remiss if it had failed to assess the ability of the private sector to assist VA to set up the technology aspects of the program's implementation.

The Post-9/11 GI Bill will provide educational assistance to veterans, military members, reservists and National Guard members who have served since Sept. 11, 2001. By law, the new benefits are scheduled to start on Aug. 1, 2009.

### *(UPDATE—Continued from page 12)*

Providing mental health care, including counseling, for families, of veterans;

Providing reimbursement for a veteran for the costs of emergency treatment received in a non-VA facility;

Establishing a pilot program to allow a highly rural veteran to receive non-VA health care;

Designating at least four VA health care facilities as epilepsy centers of excellence;

Mandating the VA to centralize third party billing functions at consolidated centers;

Eliminating a rule prohibiting VA from conducting widespread testing for HIV infection;

Expanding health care benefits provided to the children of Vietnam and Korean war veterans born with spina bifida;

Developing and implementing a comprehensive policy on pain care management;

Expanding referral and counseling services for certain at-risk and transitional veterans;

Providing support services for very low-income veteran families residing in permanent housing; and, authorizing major medical facility projects for 2009.

S. 3023, as amended – The Veterans' Benefits Improvements Act of 2008

Provisions of the bill include (but are not limited to):

Directing the Secretary of Veterans Affairs to modernize the disability benefits claims processing system of the VA

to ensure the accurate and timely delivery of compensation to veterans and their families and survivors;

Establishing an Office of Survivors Assistance within the VA;

Allowing temporary disability ratings for certain veterans;

Addressing employee training for those responsible for processing claims by redeveloping the certification exam and requiring an evaluation of the training and quality assurance program;

Decreasing the equity requirement to refinance a home loan;

Extending two pilot programs that offer adjustable rate loans;

Reforming the USERRA (Uniformed Services Employment and Reemployment Rights Act) complaint process and ensuring that equitable relief is available to all USERRA victims when appropriate;

Increasing the number of veterans that can participate in the independent living program;

Updating housing construction and design guidelines to take into account any new or unique disabilities for veterans in need of specially adaptive housing;

Providing assistance to the United States Paralympic Program for veterans and members of the Armed Services;

Extending Servicemember Civil Relief Act protections to help service members with deployment orders to more easily terminate or suspend cell phone contracts without fee or penalty; and,

Repealing the sunset provision for the Advisory Committee on Minority Veterans.

## **VA Announces Expansion of Disability Evaluation System Pilot All Military Services Now Taking Part**

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON (Nov. 7, 2008) -- Wounded service members leaving the military will have easier, quicker access to their veterans benefits due to the expansion of a pilot program that will offer streamlined disability evaluations that will reach 19 military installations, representing all military departments.

The Department of Veterans Affairs (VA) announced today the expansion of the Disability Evaluation System (DES) pilot which started in the National Capitol Region in coordination with Departments of Defense (DoD). The pilot is a test of a new process that eliminates duplicative, time-consuming and often confusing elements of the two current disability processes of the departments.

"Providing service members going through the disability process with comprehensive information about their benefits from both departments and delivering their VA benefits as fast as possible is our goal. This single evaluation will help us do just that," Tom Pamperin, deputy director of VA's Compensation and Pension Service, said. "The program expansion will allow wounded warriors a smoother and more efficient transition to getting services from the VA."

The initial phase of the expansion started on Oct 1, with Fort Meade, Md. and Fort Belvoir, Va. The remaining 17 installations will begin upon completion of site preparations and personnel orientation and training, during an 8-month period from November 2008 to May 2009.

"The decision to expand the pilot was based upon a favorable review that focused on

whether the pilot met its timeliness, effectiveness, transparency, and customer and stakeholder satisfaction objectives," said Sam Retherford, director, officer and enlisted personnel management, Office of the Under Secretary of Defense for Personnel and Readiness. "This expansion extends beyond the national capital region, so that more diverse data from other geographic areas can be evaluated, prior to rendering a final decision on worldwide implementation."

The remaining installations to begin the program are: Army: Fort Carson, Colo.; Fort Drum, N.Y.; Fort Stewart, Ga.; Fort Richardson, Alaska; Fort Wainwright, Alaska; Brooke Army Medical Center, Texas; and Fort Polk, La. Navy: Naval Medical Center (NMC) San Diego and Camp Pendleton, Calif.; NMC Bremerton, Wash.; NMC Jacksonville, Fla.; and Camp Lejeune, N.C. Air Force: Vance Air Force Base, Okla.; Nellis Air Force Base, Nev.; MacDill Air Force Base, Fla.; Elmendorf Air Force Base, Alaska; and Travis Air Force Base, Calif.

In November 2007 VA and DoD implemented the pilot test for disability cases originating at the three major military treatment facilities in the national capital region. To date, over 700 service members have participated in the pilot over the last ten months.

The single disability examination pilot is focused on recommendations from the reports of the Task Force on Returning Global War on Terrorism Heroes, the Independent Review Group, the President's Commission on Care for America's Returning Wounded Warriors (the Dole/Shalala Commission), and the Commission on Veterans' Disability Benefits.

## **INFORMATIONAL WEBSITES**

<http://www.politics1.com/wi.htm>

<http://www.thewhellerreport.com/>

## New Laws Will Provide Needed Pain Assessment and Treatment to Millions of Military Personnel and Veterans

The following information was found at <http://www.painfoundation.org/>



*American Pain Foundation*

A united voice of hope and power over pain.

Baltimore, MD—(October 15, 2008) Today is a momentous occasion for all of our military personnel and veterans who have bravely served our country, many afflicted with debilitating and traumatic injuries that result in lifelong chronic pain and recovery. The American Pain Foundation (APF) celebrates the signing into law two bills that include critical provisions for pain care policy improvements.

“The Veterans Pain Care Policy Act (S 2160), originally introduced in the Senate by Senate Veterans’ Affairs Committee Chairman Senator Daniel Akaka (HI) in 2007, and amended to the Veterans Mental Health and Other Care Improvements Act of 2008 (S 2162), will include a provision to establish a pain care program within all inpatient Veteran’s Administration (VA) facilities and provide the necessary pain management for long term chronic pain disabilities. The law will also require providing education and training to VA healthcare professionals on how to assess and treat pain, as well as increasing research on pain care.

“The Military Pain Care Policy Act of 2008 (HR 5465), originally introduced in the House of Representatives by Congressman David Loebsack, and amended as part of the National Defense Authorization Act, will require the Department of Defense to implement a pain care initiative to provide comprehensive pain care for active and retired military personnel.

“Thus far, more than 30,000 soldiers have been wounded in action in Iraq and another 2,000 soldiers have been injured in Afghanistan. Pain is a leading cause of disability among veterans. Nearly half of those returning from combat in Iraq and Afghanistan report pain related problems. The Department of Defense does not have an adequate pain care program to access and treat them. Although advancements in body and vehicle armor, medical triage and rapid evacuation to medical care have improved soldiers’ chances for survival, it also means more wounded soldiers, who would have lost their lives in previous wars, now suffer terrible extremity wounds and other blunt injuries. These courageous men and women are in the prime of their lives, which are forever changed.

They must have access to quality, coordinated pain care that also helps them to reintegrate into society.

“Our current military personnel and veterans have served our country proudly and with honor, but have been suffering senselessly. Their voices have long been heard by the American Pain Foundation and other national partnering agencies that have urged the passage of legislation to improve pain care. The bipartisan work and support from our legislators and the signing into law by the President upholds the standard of medical care for military men and women unequivocally deserve and need.”.

### About the American Pain Foundation:

Founded in 1997, the American Pain Foundation (APF) is an independent nonprofit 501 (c) 3 organization serving people with pain through information, advocacy and support. The mission of APF is to improve the quality of life of people by raising public awareness, providing practical information, promoting research and advocating to remove barriers and increase access to effective pain management. For more information, visit [www.painfoundation.org](http://www.painfoundation.org).

### About APF’s Military/Veteran Initiative:

This initiative was formed to reach out to active military and veterans who are in pain and provide them with educational information, and support to improve their pain care, decrease their sense of isolation, and encourage them in their pursuit of a better quality of life for themselves and their families. Visit <http://www.painfoundation.org/page.asp?file=Veterans/Intro.htm>.

Contact: Tina Regester at:  
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[tregester@painfoundation.org](mailto:tregester@painfoundation.org)

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## NEWS UPDATE FOR THE LOCAL AREA

### New Berlin Veteran's Memorial

The following information was received from Rush Wilkens  
New Berlin Veterans Memorial Committee

About two years ago, the New Berlin Veterans Memorial Committee began raising funds to construct a veterans memorial at the corner of Casper Drive and National Avenue. The project was to be done in three phases. Phase one was the installation of the memorial statue, flagpoles, and landscaping amenities. Phase two would be the creation of a donor recognition area to acknowledge large contributors. Phase three would be to acquire some reserve funds for ongoing care of the property. The goal of the committee was to build and maintain the site with contributed funds and without the use of taxpayer dollars.



The centerpiece of the project was a sculpture from an artist named Lundeen. The sculpture is an eight year old boy holding the ceremonial three cornered burial flag, symbolizing the loss of a military parent. The sculpture would be released in limited quantities, which would mean that it is improbable that a similar

sculpture would appear in this area. The City of New Berlin made the Casper and National parcel available at no charge. We now had a half acre lot on which to build. A search then began for someone to design the site. Waukesha based consulting engineering firm Ruckert & Mileke offered to design a complete site plan. With the beginning pieces in place, the committee set a budget and began fund raising.

Phase one is nearly complete with the last landscaping features expected to be installed this fall.

The phase one project will be completed under the original budgeted figure of \$150,000. The original plan did not include a sprinkling system and that was added to the phase one plans in late 2008 and has recently been completed. The committee has yet to establish the required funding levels for phase two and three. Phase two will be completed during the summer of 2009.

A year ago the committee began a memorial brick program. Bricks for veterans and other loved ones can be purchased in a few different sizes with prices beginning at \$100. To date the Committee has sold over 300 bricks. Memorial bricks are an ongoing project and will be continued for the foreseeable future.

The committee's most important message at the moment is that there is still a need for contributions, since two phases have not been funded or completed. It is the committee's intention to create a site whose appearance and care, reflects the sacrifice made by our veterans and to keep it in that condition. More information is available at our website <http://www.newberlinvetsmemorial.com>

Please feel free to contact

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Rush Wilkens  
New Berlin Veterans Memorial Committee

# America is #1 Thanks to Our Veterans

